

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P04000103203



1. Entity Name
DUCKETT PROPERTY MANAGEMENT, INC.

Principal Place of Business
1610 SE 36TH AVE.
OCALA, FL 34471

Mailing Address
1610 SE 36TH AVE.
OCALA, FL 34471



DO NOT WRITE IN THIS SPACE

05102006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1324397

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUCKETT, GLENDA S
1610 SE 36TH AVE.
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Glenda Sue Duckett

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DUCKETT, GLENDA S
STREET ADDRESS 1610 SE 36TH AVE.
CITY-ST-ZIP OCALA, FL 34471

TITLE VD
NAME DUCKETT, JAMES R
STREET ADDRESS 1610 SE 36TH AVE.
CITY-ST-ZIP OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000563843
05/20/06-80023-013 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Glenda Sue Duckett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #